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7590

01/25/2007

MCDERMOTT, WILL & EMERY LLP  
600 13th Street, N.W.  
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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/734,290	12/15/2003	Minoru Tsunezaki	43888-287	1784

TITLE OF INVENTION: CAPACITOR DEVICE AND FABRICATING METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/25/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
CARPIO, IVAN HERNAN	2841	361-272000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page (37 CFR 1.1584)	3. For printing on the patent front page (37 CFR 1.1584)	4. For printing on the patent front page (37 CFR 1.1584)	5. For printing on the patent front page (37 CFR 1.1584)	6. For printing on the patent front page (37 CFR 1.1584)	7. For printing on the patent front page (37 CFR 1.1584)
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD.

Osaka JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

**4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)**

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 4

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Date March 7, 2007

Typed or printed name Michael F. Fogarty

Registration No. 36,139

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